

16 of the number losing $\frac{1}{4}$ lb., 14, $\frac{1}{2}$ lb., and 5, 1 lb. In these last instances, however, the nutritive process was manifestly defective, and the children did not rally again, so that they cannot be included in the statement. The normal diminution of weight was observable in the 30 children from the second to the third day after birth, the weight remaining then the same to the fourth, or even the sixth day. From the fifth to the seventh day, mother and child being well, the weight which existed at birth was again attained, and then increased. In 14 of the children examined neither decrease or increase of weight was observed until from the sixth to the eighth day, when increase commenced. The mean of Quetelet's observations is thus stated. The child weighed at birth 3126 kilogrammes; on the second day, 3057; on the third, 3017; on the fourth, 3035; on the fifth, 3039; on the sixth, 3035; and on the seventh day, 3060 kilogrammes. This diminution in weight in most of the children, and the arrest of its increase in others is evidently dependent upon the change in its mode of nutrition on arriving in the world. The character of the early milk is very different to that which it afterwards assumes, containing more colostrum corpuscles than milk-globules, and possessing rather a purgative than a nutritive action. Not only is the child's weight found to diminish, but its entire body gives signs of the defective nutrition, the redness of its surface being exchanged for one of a yellow, or at least a white colour, while there is also observable a certain relaxation of its limbs, signs which all disappear again in a few days. The author is sensible that his numbers are too small to enable him to arrive at any decisive conclusions, and he appeals to other obstetricians for their co-operation in the investigation.

A large proportion of the children were weighed daily after the eight days above alluded to, in order to ascertain their rate of increase. The statement of their increasing stationary or decreasing weight is given in detail from day to day, but for this we have not space. Suffice it to say, from a comparison of the whole, it results that the average normal increase within the first nine days may be set down at $\frac{1}{4}$ lb., and that within the first fourteen days at $\frac{1}{2}$ lb. Beyond this age the number of children examined was not sufficient to justify any exact conclusions, although it seems most probable that the increase of 1 lb. weight is not attained, as a general rule, until the twenty-eighth day.

The length of new-born infants exhibits much less difference than does their weight. Of the 3000 children measured, the length varied from 15 to 21 inches; but out of the number no less than 1674 measured 18 inches, and 695, 17 inches, so that the mean length was between 17 and 18 inches. As in the case of the weights, so in the lengths, the females exhibited the lesser numbers. Thus, of 695 children which measured 17 inches, 380 were females and 315 males; while of the 1674 which measured 18 inches, 867 were males, and 807 females. Of 305 children, 19 inches long, 198 were males, and 107 females; and of the 49 which measured 20 inches, there were 37 males, and only 12 females. Elsasser and Quetelet observed similar results.—*Med. Times and Gaz.*, March 16, 1861, from *Monatsschrift für Geburtskunde*, vol. xv.

39. *Placenta Prævia, Podalic Version.*—Dr. D. L. ROBERTS relates (*Edinburgh Med. Journ.*, Feb. 1861) three cases of placenta prævia in which he performed podalic version. These cases, he says, “are demonstrative of the fact that turning may be performed with safety to the mother when the os uteri is only dilated to the size of a shilling, provided only rigidity be absent; and that if we wait, as some obstetricians recommend, until it has attained the size of half-a-crown, the powers of the patient may in the meantime be so exhausted as to render recovery next to impossible.

“2d. That the administration of full and decided doses of laudanum with Indian hemp, is beneficial in preventing the syncope which so often occurs after severe hemorrhage.

“3d. That where the child is dead, and version has been performed, and in cases where the os uteri is not sufficiently dilated to permit of the head passing easily, I would prefer keeping up gentle traction, and trusting to the natural powers, rather than making forcible attempts at extraction, and running any risk of lacerating the cervix uteri; as by the former means the head is brought

to press more continuously upon the open vessels, thus preventing any further hemorrhage."

40. *Placenta Prævia*.—GLISCZYNSKI states that, from the records of the Klinik at Breslau, it appears that in 10,540 cases *placenta prævia* occurred ninety times. Deficient involution of the uterus in women who have quickly succeeding pregnancies, or diseased conditions—such as uterine catarrh, inflammation after former labours, &c.—are, he believes, the chief causes of this condition, which is mostly present in multiparæ. In the 90 cases, 62 children lived, 28 died; 76 mothers lived, 14 died. In 9 cases, *accouchement forcé* was necessary; two of the mothers died.—*Ibid.*, from *Med. Centz. Ztg.*, 1858.

41. *On Serous Discharges during Pregnancy*. By M. DANYAU.—At the meeting of the Society of Surgery of Paris, held on the 19th of December, 1860, M. Danyau made some remarks on the above subject. It is sometimes noticed that, during the last weeks, or even during the last months of pregnancy, an intermittant serous discharge takes place, regarding the nature and origin of which there has been much difference of opinion. Naegale thought that it could not be the amniotic fluid, but that it was secreted between the membranes of the ovum and the uterus; this opinion was generally received, until a fact observed by Ingleby, and cited by him in a memoir on uterine hemorrhages, again raised the question, and made it probable that it was the liquor amnii. In the centre of the membranes the perforation through which the fetus had passed was found, and nearer the placenta was another orifice which had given exit to the fluid. M. Dubois then met with another case of the same nature, where the small opening was of old standing, and its margins had a cicatrized appearance.

Such was the position of the question as briefly stated by M. Danyau, who laid before the Society the membranes from a woman who was delivered on the 12th of December, in whom a serous discharge had existed for fifty-six days. The placenta was inserted near the neck of the uterus; on one side was to be seen a large perforation, that through which the infant had passed, while opposite to it was another small opening which had allowed the escape of the amniotic fluid. The discharge, said M. Danyau, may be intermittent, and more or less abundant, according as the fluid escapes more or less rapidly, or accumulates between the membranes and the wall of the uterus.—*Ed. Med. Journ.*, Feb. 1861, from *Gaz. Hebdom.*, 21 Dec. 1860.

42. *Ascites Complicating Pregnancy*.—Tapping an ascitic patient, who is also pregnant, generally tends to bring on premature labour. To prevent this, M. Pigeolet advises to puncture, with a fine trocar, the projection which is generally present at the umbilicus, and thus to allow the fluid to gradually drain away. He has employed this method with success in one case.—*Brit. Med. Journ.*, May 18, 1861, from *Rev. de Thérap.*, 1 April, 1861.

43. *Glycerine and Tannin in the Treatment of Vaginitis and Leucorrhœa*.—A Belgian physician, Prof. SOUPART, of Gand, has derived great benefit in the treatment of vaginitis from the local application of a solution of tannin in glycerine. The proportion recommended is one ounce of tannin dissolved in two ounces of glycerine. The walls of the vagina are to be painted over with this application; and a plug is introduced into the orifice, to prevent the glycerine from running out. Several very obstinate cases are recorded, which yielded at once to this treatment.—*British Med. Journ.*, April 6, 1861, from *Journ. de Méd. et de Chirurg.*, Feb. 1861.